

CHECKLIST OF DOCUMENTS YOU WILL NEED FOR YOUR MEDICAID CASE

Indiana Family Social Services Administration (FSSA) requires all Medicaid applicants to submit a significant amount of financial and personal information. Within a few weeks of applying for Medicaid, FSSA will send a document request for much of this information.

Failure to submit all of the requested information within their stated deadline will result in a denial of Medicaid benefits notification.

While our law office will work on your behalf to obtain all of the required financial records before application, it would be helpful if you began the process of gathering information on items that only you have access to. Any of the items listed below that pertain to you will likely be requested by FSSA.

You may bring this information into our law office at any time so that we can make copies for our records, or fax the records to (812) 491-6843.

1. Birth certificate for the nursing home resident.
2. The nursing home resident's and spouse's (if married) Social Security, Medicare, Railroad Retirement, Veterans and/or health care insurance supplemental cards, whichever is applicable. **Please copy both the front and the back of the health care insurance card.**
3. Record of marriage, such as a certificate or license (if married).
4. Property deeds on property you own, a recent mortgage statement and tax assessment (include the following monthly expenses: real estate taxes and homeowner's insurance).
5. Records of your rent or monthly mortgage payment, property tax, property insurance, condo fees, and one recent heating bill and electric bill.

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6. Copy of deed(s) and tax assessments on property on which the applicant holds a life estate
7. If applicant or spouse (if married) owns non-residential property, copies of the deed(s), tax assessment, a copy of a recent mortgage statement, a statement from a broker declaring the fair market value of the property and if the property is rented or leased, a copy of the rental/lease agreement.
8. Rental or lease agreement if you are renting (include monthly rent or condo fees)
9. Burial plot deed and prepaid funeral arrangements.
10. Copy of Irrevocable or Revocable Burial Reserve policy.
11. Verification of the amount of monthly health care insurance premium paid for the resident's **and the spouse's** coverage. The premium stub is an ideal proof. If you do not have the premium stub, please request a letter from the company. A notation on a bank statement is NOT sufficient. **Please include premium information for Medicare Part D, if applicable.**
12. Records of the income of the nursing home resident **and the spouse (if married)**:
 - a. For proof of Social Security, you will need the letter for the current year showing the nursing home resident's monthly benefit and Medicare Part B deduction. You can request a verification from the Social Security Administration either by phone (1-800-772-1213), in person, or at www.ssa.gov on the internet).
 - b. Veterans benefits: the check or letter of notification (if within 12 months) or call 1-800-827-1000.
 - c. Railroad Retirement benefits: the check or letter of notification (if within 12 months) or call 1-800-808-0772.
 - d. Retirement or Union benefits: the check stub or a statement from the company showing gross and net income.
 - e. Income from rental of property along with the expenses of ownership (real estate tax, real estate insurance, utilities, routing maintenance, interest on mortgage payments).
 - f. Earnings: name of employer, pay stubs covering the last three (3) months, verification of work expenses (if any).
 - g. Any other income.

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13. Written statement declaring the nursing home resident's cash on hand (that is, money not currently being held in a financial institution).
14. Copies of Savings Bonds owned by the nursing home resident or spouse (if applicable).
15. Documents pertaining to any trust of which either the applicant or the spouse (if married) is the beneficiary or for which either is the trustee.
16. Verification of the current market value of any non-motorized recreational vehicle, camper trailer, boat, etc. owned jointly or individually by either applicant or spouse (if married).
17. The registration or title to any vehicle or vehicles owned by either Medicaid applicant or spouse (if married). Please note the model and the current mileage of the vehicle on a slip of paper for us.
18. A listing of the contents of any safety deposit box rented by the resident. Further documentation may be required depending on the contents.
19. Power of attorney, if the nursing home resident has given anyone a power of attorney.
20. Copy of Long Term Care policy of nursing home resident (if applicable).
21. Copy of statement from nursing home if a deposit was made upon admission.
22. Proof of gifts made in the last five (5) years. List any item(s) sold by the nursing home resident at less than fair market value in this time frame.
23. Record of any lump sum payments made within the last ninety (90) days.
24. Debts (for planning purposes): credit card(s), second mortgage, auto loan(s), personal loans, unpaid taxes or utilities, etc.
25. Copies of any monthly statements for all accounts/life insurance policies owned by the applicant and/or spouse (if married). We prefer 3 months of statements, but one will suffice.
26. Admission / discharge documentation from the hospital and/or nursing facility.

Again you may either:

- A. Bring this information into our law office at any time so we can make copies for our records; or
- B. Fax the records to (812) 491-6843.